



2004 Healthy Families Program Mental Health Utilization Report

The Mental Health Utilization Report provides an annual update on the number of Healthy Families Program (HFP) subscribers who were referred by their health plan to the county mental health departments for SED evaluation and treatment, and the county expenditures for SED treatment of HFP subscribers. Additionally, information on basic mental health services provided by HFP participating health plans is also included in the report.

Highlights from data collected on SED referrals and expenditures as well as basic mental health services provided during the 2004 benefit year (July 1, 2003 – June 30, 2004) include:

- There was virtually no change in the percentage of children (as a percentage of total HFP enrollment) referred to county mental health departments by the health plans from the prior benefit year (0.23% in 2004 vs. 0.24 in 2003). The total number referred was less: 1,538 in 2004 vs. 1,616 in 2003.
- There was a very slight increase in the percentage of active HFP subscribers (as a percentage of total HFP enrollment) receiving SED services through the county mental health programs (0.87% in 2004 vs. 0.70% in 2003). The total number increased 5,778 active SED cases in 2004 compared to 4,772 in 2003.
- The expenditures for SED services as reported by county mental health departments totaled \$17.9 million, a 17% increase over prior year expenditures (\$15.3 million).
- The majority (75%) of the county claims paid for HFP SED children were for “mental health services” which include assessment, evaluation, therapy and rehabilitation.
- HFP subscribers in the age group of 13-18 accounted for the largest percentage (62%) of active SED cases reported by the County Mental Health Programs.
- HFP subscribers receiving basic mental health services directly from the health plans increased by more than 20% and accounted for 2.3% of total HFP enrollments. HFP subscribers in the age group of 9-13 accounted for the largest percentage of subscribers receiving basic mental health services (40.1%).

Background

The HFP uses two delivery systems to provide comprehensive mental health services to children up to their 19th birthday. The delivery systems include the health plans participating in the program and the county mental health departments. The participating health plans provide basic mental health services and medically necessary treatment of severe mental illnesses. Children who do not have a severe mental illness receive up to 30 inpatient and 20 outpatient visits per benefit year. The health plans must provide inpatient and outpatient visits without limitation for HFP children who have a severe mental illness, such as autism, anorexia nervosa, bipolar disorder, major depression disorder, obsessive-compulsive disorder and schizophrenia.

Children with severe mental illness or other mental health issues who are suspected of being seriously emotionally disturbed (SED) are referred to the county mental health department for an SED assessment. According to the California Welfare and Institutions Code Section 5600.3(a)(2), “seriously emotionally disturbed (SED) children” are minors who have a mental disorder as identified

in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance abuse disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. If the county mental health department determines that a child meets the SED criteria, the county covers all outpatient services and inpatient services beyond the first 30 days for treatment of the SED condition. The health plan remains responsible for providing covered health benefits for non-SED conditions. The county mental health program is responsible for coordinating the delivery of mental health services with HFP participating health plans for children who meet the SED criteria.

To facilitate the effective coordination of care for HFP subscribers who are suspected of having a SED condition, the Managed Risk Medical Insurance Board (MRMIB) developed a model Memorandum of Understanding (MOU) for use by HFP participating health plans and county mental health departments. The MOU defines the responsibilities of each party for the coordination of services for HFP enrollees. MOUs are required for each of the counties in which the plan participates in the HFP. Over 90 percent of counties have signed MOUs with health plans in their area. Most of the unsigned MOUs are for counties that became new service areas for existing plans or for a health plan that converted its HMO product to an EPO product. In general, county mental health departments are continuing to accept and treat HFP subscribers even without a signed MOU.

Overview of SED Treatment Services in the HFP

Who qualifies for SED treatment services through the county mental health programs?

Children (including HFP enrollees) qualify for SED services if they meet all of the following criteria:

1. They have a mental disorder as identified in the most recent edition of The Diagnostic and Statistical Manual of Mental Disorders;
2. They do not have a primary drug or alcohol substance abuse problem or developmental disorder which results in behavior that is not normal for their age;
3. They have a problem in two or more of the following areas:
 - Self-care
 - School functioning
 - Family relationship
 - Ability to function in the community;
4. They have any one of the following:
 - The child is at risk of removal from the home or has already been removed from the home, or
 - The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; or
 - The child displays one of the following:
 - Sees or hears things that aren't there
 - Has very unusual behavior
 - Threatens or tries to hurt himself or others

What services are available?

County mental health programs provide the following services in accordance with Title 9, Chapter 11 of the California Code of Regulations:

- **Outpatient Services**

- › Day Treatment Services - Services provided in an organized and structured multi-disciplinary treatment program as an alternative to hospitalization to avoid placement in a more restrictive setting, or to maintain the client in a community setting.
- › Mental Health Services – Interventions designed to provide the maximum reduction of mental disability and restoration, and enhanced self-sufficiency. This includes the following activities: assessment, evaluation, therapy, rehabilitation.
- › Day Rehabilitation Services – Evaluation and therapy to maintain or restore personal independence and functioning consistent with requirements for learning and development.
- › Crisis Intervention/Stabilization - Crisis intervention is a service lasting less than 24 hours, which may either be face-to-face or by telephone with the beneficiary or significant support persons for intervention and stabilization.
- › Medication Support Services - Prescribing, administration, dispensing, and monitoring of psychiatric medication or biologicals necessary to alleviate the symptoms of mental illness. The support does not include the actual cost of medication.
- › Linkage/Case Management/Brokerage – Activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services.
- **Inpatient Services** - Services provided in an acute psychiatric hospital or a distinct acute psychiatric part of a general hospital approved by the Department of Health Services (DHS) to provide psychiatric services.
- **Partial Hospitalization** - Crisis residential treatment services and psychiatric health facility services.
- **Prescription Drugs**

Health Plan SED Referrals to the County Mental Health Departments

SED referrals as a percentage of total program enrollment is basically the same as it was in 2003 (0.24 % in 2003 compared to 0.23% in 2004). The total number of referrals made by participating health plans decreased by 5% from 1,616 in the 2003 benefit year to 1,538 in the 2004 benefit year. However, the enrollment in HFP declined 1.5% from the 2003 benefit year (674,791) to the 2004 benefit year (664,984).

Traditionally, MRMIB has believed that 3-5% of children in the program have an SED condition. In addition to referrals made by the health plans, referrals of HFP children to the county mental health department come from other sources such as families, schools or the juvenile justice system. Therefore, data on health plan referrals understate the total number of HFP subscribers referred to a county mental health program for SED services. Nevertheless, the 0.23% health plan SED referral rate falls below these expectations for all plans and all regions. The SED referral performance of larger plans such as Blue Cross, Health Net and Blue Shield fall within similar ranges. Smaller plans referral rates can fluctuate dramatically due to smaller enrollments and the impact of changes in the number of HFP subscribers who are referred. Blue Shield and Blue Cross had referral rates slightly above average 0.46% and 0.30% respectively, while Health Net referred 0.17%. The smaller plans had a range of scores from a high of 1.04% (San Francisco Health Plan) to a low of 0.00% (Ventura County Health Plan).

For those plans that showed “zero” referrals, MRMIB staff continues to emphasize to the plans the importance of increasing access to mental health screenings and assessments for children suspected to be SED so that appropriate treatment can follow in a timely manner. The plans continued to assure MRMIB staff that they have provided an ongoing effort to educate their providers on identifying children who are suspected to be SED and making referrals. Kaiser Permanente has its own internal Psychiatry Departments to which it refers HFP subscribers suspected of having an SED condition for assessment and treatment.

Table 1a on page 5 presents data on the number of SED referrals that were reported by participating plans during the 2003 and 2004 benefit years. This data shows that there were **eight plans** with an **increase** in referrals as a percentage of enrollment, while conversely, there were **ten plans** with a **decrease** in referrals as a percentage of enrollment.

Table 1a HFP SED Referrals Made by Health Plans (Plans listed from highest to lowest referral rate in 2004)

HFP Participating Plan	Total # of HFP Enrollees as of 6/30/03	Total # of SED Referrals as of 6/30/03	Referrals as % of Total Plan Enrollments as of 6/30/03	Total # of HFP Enrollees as of 6/30/04	Total # of SED Referrals as of 6/30/04	Referrals as % of Total Plan Enrollments as of 6/30/04
San Francisco Health Plan	5,779	67	1.16%	5,653	59	1.04%
Santa Barbara Regional Health Authority	1,819	16	0.88%	1,747	13	0.74%
Contra Costa Health Services	2,876	30	1.04%	2,904	19	0.65%
Health Plan of San Mateo	2,129	9	0.42%	2,298	15	0.65%
Blue Shield (HMO and EPO)	38,115	143	0.38%	37,960	174	0.46%
Universal Care	10,692	25	0.23%	10,766	42	0.39%
Blue Cross (HMO and EPO)	258,973	809	0.31%	258,812	780	0.30%
Sharp Health Plan	19,996	136	0.68%	19,257	58	0.30%
Community Health Plan	27,732	37	0.13%	26,232	54	0.21%
UHP Healthcare	2,239	0	0.00%	2,001	4	0.20%
Central Coast Alliance for Health	1,674	8	0.48%	1,634	3	0.18%
Health Net	95,385	154	0.16%	90,585	157	0.17%
Molina Healthcare	13,907	17	0.12%	14,379	25	0.17%
Alameda Alliance for Health	9,301	8	0.09%	8,756	14	0.16%
Community Health Group	19,520	39	0.20%	19,191	31	0.16%
Inland Empire Health Plan	29,116	47	0.16%	30,064	48	0.16%
Health Plan of San Joaquin	8,111	20	0.25%	8,082	12	0.15%
Santa Clara Family Health Plan	12,210	19	0.16%	11,900	13	0.11%
Care 1st Health Plan	6,217	9	0.14%	6,034	6	0.10%
Kern Family Health Care	7,290	7	0.10%	7,627	3	0.04%
CalOPTIMA Kids	32,814	0	0.00%	28,899	8	0.03%
Kaiser Permanente*	57,684	N/A	0.00%	67,241	N/A	N/A
Ventura County Health Care Plan	3,379	0	0.00%	2,962	0	0.00%
L.A. Care Health Plan**	7,833 ¹	16	0.20%	N/A	N/A	N/A
TOTAL	674,791	1,616	0.24%	664,984	1538	0.23%

Data Source: Mental Health Referral Reports submitted to MRMIB by participating HFP plans and HFP monthly enrollment reports

* Kaiser Permanente refers HFP members suspected of having an SED condition to its own Psychiatry departments for assessment and treatment and not to County Mental Health Departments

¹* LA Care Health Plan did not participate in the HFP from July 1, 2003- July1, 2004.

Basic Mental Health Services provided by Health Plans

In the 2004 Benefit Year, the percentage of HFP subscribers receiving basic mental health services from health plans improved over 20% (from 1.91% to 2.30%) in comparison to the prior benefit year. Contra Costa Health Plan reported the highest percentage of subscribers receiving basic mental health services (5.58%) and improved 634% from the previous year score of 0.76%. Of the plans showing significant improvement, Alameda Alliance improved from 0.91% in 2003 to 2.63% in 2004 and Universal Care improved from 2.53% in 2003 to 4.14% in 2004.

While Ventura Health Plan reported “zero” SED referrals, it reported 65 HFP subscribers who received basic mental health services. Eight plans reported less than 1% of subscribers were utilizing basic mental health services. Of these plans, 5 reported improvement from 2003 scores.

In differentiating the performance of the larger plans versus the smaller plans, the larger plans overall had a better than average range of 2.75 - 3.36%, whereas the smaller plans had a range of 0.00 – 5.58% with the vast majority under the average score of 2.30%.

Table 1b **Basic Mental Health Services Sorted Highest to Lowest**

HFP Participating Plan	Total # of HFP Subscribers Receiving Basic M H Services 7/1/02 to 6/30/03	Subscribers receiving Basic M H Services as % of Total Plan Enrollments 7/1/02 to 6/30/03	Total # of HFP Subscribers Receiving Basic M H Services 7/1/03 to 6/30/04	Subscribers receiving Basic M H Services as % of Total HFP Enrollments 7/1/03 to 6/30/04
Contra Costa Health Services	22	0.76%	162	5.58%
Sharp Health Plan	957	4.79%	968	5.03%
Universal Care	271	2.53%	446	4.14%
Health Net	2,986	3.13%	3,041	3.36%
Blue Shield (HMO and EPO)	847	2.22%	1,116	2.94%
Blue Cross (HMO and EPO)	5,954	2.30%	7,120	2.75%
Alameda Alliance for Health	85	0.91%	230	2.63%
Community Health Group	521	2.67%	498	2.59%
Ventura County Health Care Plan	129	3.82%	65	2.19%
Health Plan of San Joaquin	68	0.84%	130	1.61%
Inland Empire Health Plan	425	1.46%	451	1.50%
Santa Clara Family Health Plan	99	0.81%	174	1.46%
CalOPTIMA Kids	332	1.01%	390	1.35%
Health Plan of San Mateo	16	0.75%	26	1.13%
Central Coast Alliance for Health	10	0.60%	18	1.10%
Community Health Plan	124	0.45%	259	0.99%
Molina Healthcare	25	0.18%	131	0.91%
Santa Barbara Regional Health Authority	7	0.38%	9	0.52%
Kern Family Health Care	15	0.21%	22	0.29%
UHP Healthcare	0	0.00%	4	0.20%
Care 1st Health Plan	8	0.13%	3	0.05%
Kaiser Permanente*	N/A	N/A	N/A	N/A
San Francisco Health Plan	0	0.00%	0	0.00%
L.A. Care Health Plan	4	0.05%	N/A	N/A
TOTAL	12,905	1.91%	15,263	2.30%

Data Source: Mental Health Referral Reports submitted to MRMIB by participating HFP plans and HFP monthly enrollment report.

* Kaiser Permanente cannot differentiate between members receiving Basic Mental Health Services and SED services through the plan.

Active SED Cases by County

Table 2 shows the number of HFP SED active cases reported by counties. Compared to the 2003 benefit year, the number of reported HFP SED active cases (as a percentage of total HFP enrollment) increased by 21% (1006 cases) in the 2004 benefit year. As of June 30, 2004, there were 5,778 active SED cases representing 0.87% of HFP enrollees. In the 2003 benefit year, there were 4,772 active SED cases, representing 0.70% of the HFP population.

Table 2 also shows that the number of active cases reported by the counties is much greater than the number of SED referrals reported by HFP participating health plans in Table 1a (5,778 SED active cases versus 1,538 SED referrals). The larger number of active SED cases can be attributed to the fact that in addition to referrals made by the health plans, referrals to counties can also come from other sources, such as families and schools. Active cases can also include referrals that have been carried over from the prior benefit year.

Counties had a range of Active SED cases of 0.00 – 3.88%. The five counties that served the largest number of HFP SED children remains unchanged from the 2003 benefit year and include: Los Angeles (1,912), Kern (431), Riverside (367), San Francisco (296) and San Bernardino (268). These counties provided services to 56% of HFP subscribers with an active SED case during the 2004 benefit year.

The number of HFP children shown in Table 2 for Los Angeles County included children who were seen in the Tri-City area. The Tri-City contains 3 cities that bill the State for mental health services as an entity independent of Los Angeles County. This area includes 3 clinics that provide county mental health services to residents in Pomona, La Verne, and Claremont.

Table 2 HFP/SED Active Cases by Counties

County	# of Enrollees as of 6/30/04	% of Enrollees as of 6/30/04	# of HFP SED Children	SED Children as % of County Enrollees
Alameda	15,789	0.87%	49	0.31%
Amador	308	0.05%	1	0.32%
Alpine	6	0.00%	0	0.00%
Butte	3,024	0.45%	92	3.04%
Calaveras	513	0.08%	0	0.00%
Colusa	1,197	0.18%	29	2.42%
Contra Costa	8,474	1.27%	111	1.31%
Del Norte	424	0.06%	8	1.89%
El Dorado	2,141	0.32%	33	1.54%
Fresno	17,924	2.70%	159	0.89%
Glenn	1,025	0.15%	15	1.46%
Humboldt	2,202	0.33%	49	2.23%
Imperial	3,878	0.58%	135	3.48%
Inyo	250	0.04%	0	0.00%
Kern	16,473	2.48%	431	2.62%
Kings	2,931	0.44%	103	3.51%
Lake	1,468	0.22%	4	0.27%
Lassen	279	0.04%	2	0.72%
Los Angeles	190,212	28.60%	1,912	1.00%
Madera	2,966	0.45%	59	1.99%
Marin	2,064	0.31%	43	2.08%
Mariposa	232	0.03%	9	3.88%
Mendocino	1,805	0.27%	7	0.39%
Merced	6,031	0.91%	35	0.58%
Modoc	122	0.02%	0	0.00%
Mono	328	0.05%	3	0.91%
Monterey	12,819	1.93%	84	0.66%
Napa	1,724	0.26%	3	0.17%
Nevada	1,831	0.28%	36	1.97%
Orange	63,861	9.60%	54	0.08%
Placer	2,681	0.40%	1	0.04%
Plumas	260	0.04%	0	0.00%
Riverside	47,703	7.17%	367	0.77%
Sacramento	17,431	2.62%	85	0.49%
San Benito	1,354	0.20%	0	0.00%
San Bernardino	48,425	7.28%	268	0.55%
San Diego	56,706	8.53%	167	0.29%
San Francisco	10,575	1.59%	296	2.80%
San Joaquin	14,432	2.17%	80	0.55%
San Luis Obispo	3,824	0.58%	49	1.28%
San Mateo	7,074	1.06%	66	0.93%
Santa Barbara	7,706	1.16%	131	1.70%
Santa Clara	21,182	3.19%	19	0.09%
Santa Cruz	4,237	0.64%	47	1.11%
Shasta	3,615	0.54%	83	2.30%
Sierra	35	0.01%	0	0.00%
Siskiyou	579	0.09%	5	0.86%
Solano	4031	0.61%	48	1.19%
Sonoma	7,071	1.06%	44	0.62%
Stanislaus	9,162	1.38%	249	2.72%
Sutter	2,560	0.38%	42	2.07%
Tehama	1,102	0.17%	10	0.91%
Trinity	252	0.04%	7	2.78%
Tulare	10,481	1.58%	239	2.28%
Tuolumne	868	0.13%	19	2.19%
Ventura	15,216	2.29%	2	0.01%
Yolo	2,614	0.39%	0	0.00%
Yuba	1,491	0.22%	34	2.28%
Total	664,984	100%	5778	0.87%

Data Source: Department of Mental Health Short Doyle /Medi-Cal Claims for Unduplicated Clients by Services Date.

Age Distribution of Active SED Cases Reported by Counties

Table 3a shows the distribution of active HFP SED cases by age group for the 2004 benefit year. HFP subscribers in the age group of 13-18 accounted for the largest percentage (62%) of active SED cases reported by the County Mental Health Programs. Fifteen-year-old subscribers had the largest number of active SED cases in the 2003 benefit year (489) whereas thirteen year olds accounted for the largest number of active cases in the 2004 (567) benefit year, which represented 9.8% of the total active cases, respectively.

Table 3a Age Distribution of Active SED Cases by County

Age	Benefit Year 2004 Total Active Cases	Active SED Cases as % of Age	Active SED Cases as % of HFP Population
0	0	0.0%	0.0%
1	6	0.10%	<0.01%
2	26	0.45%	<0.01%
3	39	0.67%	0.01%
4	93	1.61%	0.01%
5	139	2.41%	0.02%
6	192	3.32%	0.03%
7	293	5.07%	0.04%
8	334	5.78%	0.05%
9	411	7.11%	0.06%
10	434	7.51%	0.07%
11	456	7.89%	0.07%
12	483	8.36%	0.07%
13	567	9.81%	0.09%
14	524	9.07%	0.08%
15	549	9.50%	0.08%
16	544	9.42%	0.08%
17	456	7.89%	0.07%
18	201	3.48%	0.03%
Unknown	30	0.52%	<0.01%
Total	5,778	100 %	0.87%

Data Source: Department of Mental Health Approved Claims Data based On Fiscal Years 2003 and 2004.

Age Distribution of SED Referrals and Basic Mental Health Services Reported by Plans

Table 3b provides data by the participating health plans on the age of HFP subscribers who were referred to local mental health departments for a suspected SED condition and subscribers receiving basic mental health services provided by plans. In the beginning of the 2003 benefit year, MRMIB requested that plans track and report age specific information for SED referrals and basic mental health services.

The data shows that HFP children ages 9-13 accounted for the largest number of **basic** mental health services (40.1%), whereas children ages 14-18 accounted for the largest number of SED referrals (52%) in the 2004 benefit year. The data reported by the plans on the ages of HFP children referred for SED services is very similar to the data reported by the counties on the age distribution of active SED cases. HFP children ages 14-18 also represented 52.0% of the active SED cases reported by the counties in the 2004 benefit year.

Table 3b **Age range of HFP children referred to county mental health departments for suspected SED condition and received basic mental health through participating health plans**

Age by years	SED Referrals by #	SED Referrals by %	<i>Basic</i> Mental Health by #	<i>Basic</i> Mental Health by %
Under 3	11	0.7%	140	0.9%
3 - 8	243	15.8%	3,836	25.1%
9 - 13	484	31.5%	6,121	40.1%
14 - 18	800	52.0%	5,166	33.9%
Total	1,538	100%	15,263	100%

Data Source: Mental Health Referral Reports submitted to MRMIB by participating HFP plans on a quarterly basis.

County Expenditures for SED Services by Fiscal Year

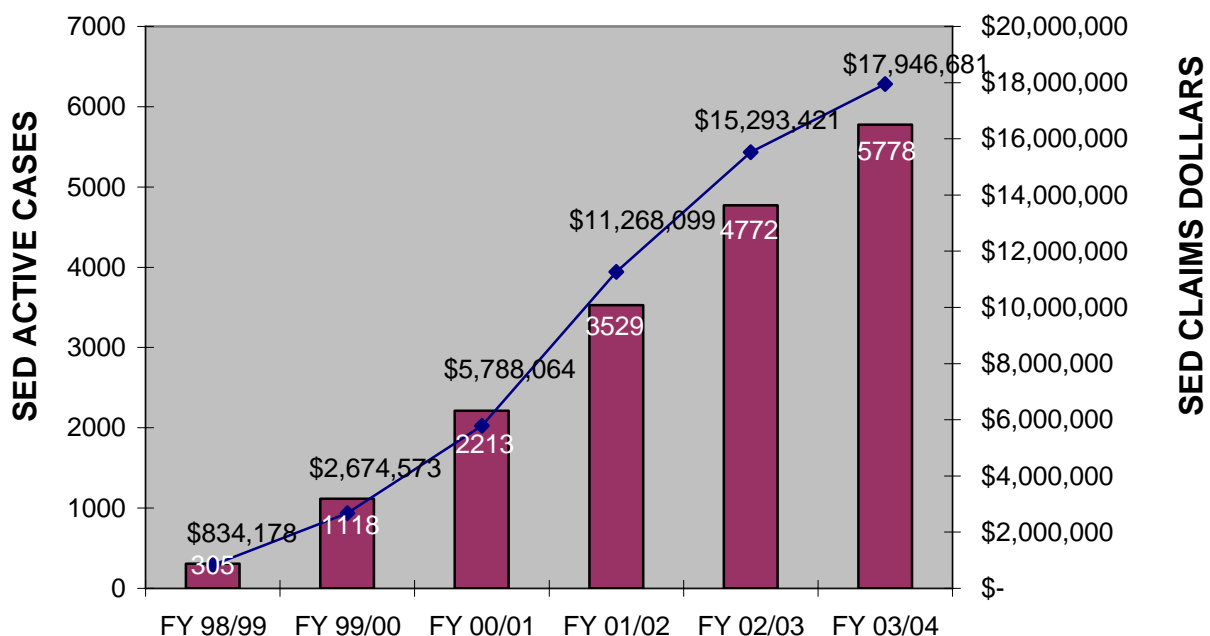
Chart 1 shows the HFP SED claims from FY 1998 to 2004. The expenditures for FY 2004 increased by 17 percent from \$15.3 million to \$17.9 million from FY 2003. These costs are paid one third by county and two thirds by Federal S-CHIP funds. The number of active SED cases for FY 2004 increased by 21 percent (from 4,772 to 5,778) compared to the active cases for FY 2003.

The average cost per case in FY 03/04 was \$3,106, an amount slightly lower (4.5%) than the average of \$3,253 in FY 02/03. Although the average cost per SED case has increased by 14 percent (from \$2,735 to \$3,106) since the inception of the HFP, the decrease in the average cost per case for FY 2003 represented the first percentage decrease in the past five years.

The increase in the total dollars paid from FY 2003 to 2004 may be attributed to the two following factors:

- There is a lag between the time services are provided and claims are submitted by counties, as the counties are allowed to claim up to one year after the date services are provided. Counties are starting to expedite their claiming process in order to be reimbursed earlier.
- Some county mental health departments have set up new systems to improve the billing process. In order to improve the billing process in 2003-04, the California Department of Mental Health (CDMH) and MRMIB were working closely to resolve issues that may impact the counties ability to submit claims. To support the counties' mental health efforts, MRMIB staff developed a process to identify county designees representing each county mental health department to receive updated eligibility information on HFP subscribers when verification is not possible through the Medi-Cal Eligibility Data System. Also, in November, 2003, California Mental Health Directors and MRMIB staff convened a meeting to discuss mental health issues and concerns impacting the services provided to HFP SED children.
- The number of cases has increased.

CHART 1: HFP SED CLAIMS & NUMBER OF ACTIVE SED CASES



Note: Claims are based on date of service, not on date invoices are paid

SED Expenditures by County

Table 4 shows the Short Doyle/Medi-Cal expenditures claims paid to the county.

In FY 2003/2004 the five counties with the highest SED expenditures as a percentage of total dollars remain unchanged from FY 2002/2003 and include: Los Angeles (37%), San Francisco (5.8%), Kern (5.7%), Riverside (4.3%), and Tulare (4.2%). The expenditures for the five highest counties accounted for 57 %of the total SED claims paid in FY 2004 which compares to 59% for FY 2002/2003.

Table 4 shows average county costs per SED case. The cost per case ranges from a low of \$28 in Placer County to \$7,451 in Siskiyou County while statewide the average cost is \$3,106. The cost per case averages of counties with the highest SED expenditures are: Los Angeles with a cost per case of \$3,474, San Francisco with \$3,533, Kern with \$2,387, Riverside with \$2,092 and Tulare with \$3,187.

Table 4 SED Claims Paid To Counties/Cost per SED Case

County	7/1/02-6/30/03	7/1/03-6/30/04	% Change from 2003 to 2004	# of HFP SED Children	2004 Cost per SED Case
Alameda	\$171,486	\$229,336	34%	49	\$4,680
Amador	\$0	\$1,125		1	\$1,125
Alpine	\$0	\$0	0	0	
Butte	\$393,742	\$281,476	-29%	92	\$3,060
Calaveras	\$173	\$0	-100%	0	
Colusa	\$36,181	\$34,573	-4%	29	\$1,192
Contra Costa	\$480,140	\$588,730	23%	111	\$5,304
Del Norte	\$7,473	\$4,309	-42%	8	\$539
El Dorado	\$74,820	\$90,980	22%	33	\$2,757
Fresno	\$193,479	\$309,306	60%	159	\$1,945
Glenn	\$1,608	\$39,260	2342%	15	\$2,617
Humboldt	\$106,388	\$173,531	63%	49	\$3,541
Imperial	\$299,879	\$225,175	-25%	135	\$1,668
Inyo	\$3,119	\$0	-100%	0	
Kern	\$1,037,972	\$1,028,737	-1%	431	\$2,387
Kings	\$138,535	\$153,903	11%	103	\$1,494
Lake	\$24,332	\$7,651	-69%	4	\$1,913
Lassen	\$0	\$2,173		2	\$1,087
Los Angeles	\$5,839,608	\$6,642,330	14%	1,912	\$3,474
Madera	\$113,236	\$74,512	-34%	59	\$1,263
Marin	\$153,735	\$200,973	31%	43	\$4,674
Mariposa	\$15,548	\$8,135	-48%	9	\$904
Mendocino	\$62,696	\$43,240	-31%	7	\$6,177
Merced	\$23,047	\$42,167	83%	35	\$1,205
Modoc	\$0	\$0	0	0	
Mono	\$418	\$2,702	546%	3	\$901
Monterey	\$245,179	\$276,698	13%	84	\$3,294
Napa	\$0	\$1,171		3	\$390
Nevada	\$63,782	\$63,629	0%	36	\$1,767
Orange	\$8,745	\$40,398	362%	54	\$748
Placer	\$866	\$28	-97%	1	\$28
Plumas	\$0	\$0	0	0	
Riverside	\$667,165	\$767,921	15%	367	\$2,092
Sacramento	\$504,789	\$468,050	-7%	85	\$5,506
San Benito	\$2,802	\$0	-100%	0	
San Bernardino	\$479,116	\$576,063	20%	268	\$2,149
San Diego	\$193,027	\$493,628	156%	167	\$2,956
San Francisco	\$1,006,760	\$1,045,758	4%	296	\$3,533
San Joaquin	\$79,974	\$149,615	87%	80	\$1,870
San Luis Obispo	\$106,757	\$128,541	20%	49	\$2,623
San Mateo	\$161,606	\$331,367	105%	66	\$5,021
Santa Barbara	\$612,596	\$741,480	21%	131	\$5,660
Santa Clara	\$38,754	\$33,257	-14%	19	\$1,750
Santa Cruz	\$355,816	\$263,889	-26%	47	\$5,615
Shasta	\$185,297	\$218,749	18%	83	\$2,636
Sierra	\$0	\$0	0	0	
Siskiyou	\$44,912	\$37,256	-17%	5	\$7,451
Solano	\$105,650	\$306,398	190%	48	\$6,383
Sonoma	\$326,839	\$246,355	-25%	44	\$5,599
Stanislaus	\$321,437	\$587,254	83%	249	\$2,358
Sutter/Yuba	\$92,419	\$144,718	57%	76	\$1,904
Tehama	\$11,513	\$10,062	-13%	10	\$1,006
Trinity	\$1,639	\$27,744	1593%	7	\$3,963
Tulare	\$649,535	\$761,649	17%	239	\$3,187
Tuolumne	\$74,611	\$40,032	-46%	19	\$2,107
Ventura	\$1,381	\$645	-53%	2	\$323
Yolo	\$855	\$0	-100%	0	
Total	15,293,421	\$17,946,681	17%	5778	\$3,106

Data Source: Department of Mental Health Short Doyle/Medi-Cal Claims for Unduplicated Clients by Services Date, by Fiscal Year, and Across Fiscal Years 2002-2003 and 2003-2004.

Claims Paid by Type of Service

Tables 5 and 6 show the breakdown of HFP/SED expenditures paid by type of service for fiscal years 2003 and 2004.

Mental health services account for the majority of claims paid for HFP SED children for fiscal years 2003 (72.5%) and 2004 (75%). As some county hospitals do not have a system set up to bill Short Doyle/Medi-Cal, the expenditures accounted for inpatient services may be understated, according to CDMH. Increases in expenditures are attributable to increases in caseloads.

Table 5 SED Claims Paid by Type of Services for FY 2001/02 and FY 2003

Type of Service	FY 2002/2003		FY 2003/2004	
	Total Dollars Paid	Claims as % of Total Dollars	Total Dollars Paid	Claims as % of Total Dollars
Inpatient	\$99,047	0.65%	\$67,251	0.37%
Day Treatment	\$1,051,067	6.87%	\$746,293	4.16%
Linkage/Brokerage	\$1,199,609	7.84%	\$1,450,148	8.08%
Mental Health Services	\$11,089,335	72.51%	\$13,459,536	74.98%
Medication Support	\$1,460,086	9.55%	\$1,748,701	9.74%
Crisis	\$392,478	2.57%	\$474,752	2.65%
Residential	\$1,807	0.01%	\$0	0.00%
Total	\$15,293,429	100%	\$17,946,681	100%

Data Source: Department of Mental Health Short Doyle/Medi-Cal Claims for Unduplicated Clients

Conclusion

While the number of active SED cases has increased each year, MRMIB is still concerned about the low rate of referrals and the utilization of mental health services. The data showed that 2.3% of HFP children received basic mental health services from the health plans and 0.87% received SED services through county mental health departments. These figures are low in comparison to what had been projected and budgeted but the methodology used to forecast needs to be examined further.

In order to improve the accuracy of reported SED active cases and number of HFP children receiving basic mental health services in 2003-04, MRMIB staff met with the local mental health directors and liaisons to discuss issues on coordination and referral of SED services, and to identify systemic problems that may be attributed to processes between the counties and the plans. In July 2004, MRMIB staff convened a follow-up meeting with the local mental health directors, county SED liaisons and plans participating in the HFP to discuss solutions for resolving issues related to referrals and coordination of SED services.¹ Continued MRMIB efforts include creating two new positions funded by Proposition 63 with the objective of:

- Improving the existing service delivery for HFP subscribers with Serious Emotional Disturbances
- Increasing the utilization rate of HFP mental health benefits

¹ Additionally, MRMIB and UCSF worked together on a study to determine the level of effectiveness in the coordination of mental health services between plans and county. The findings from this study are discussed in a separate report titled "The Healthy Families Program and the SED Carve-Out".

- Increasing oversight of the delivery of SED services provided by HFP plans and county mental health programs
- Ensuring adequate data reporting by plans and county mental health (including data regarding the county mental health programs use of Proposition 63 funding to support HFP mental health and SED benefits)
- Providing support to the University of California (UCSF) independent evaluation of the HFP Mental Health delivery system
- Coordinating with the California Department of Mental Health (DMH) in ensuring Proposition 63 proposals consider HFP and any possible impacts to HFP members.

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*Assisted by Cristal Schoenfelder, Manager, Benefits and Quality Monitoring, MRMIB
and Erika Cristo, Associate Mental Health Specialist, CDMH
Prepared by Ruben Mejia, Research Analyst, MRMIB*